

**Oil Control Program**

**OIL OPERATIONS PERMIT APPLICATION  
FORM B**

**Out-of-State Companies Transporting Oil into or out of Maryland**

1. Method of transporting oil (check all that apply)

\_\_\_\_\_ transport trailer (greater than 10 wheels)

\_\_\_\_\_ rail car

\_\_\_\_\_ truck tank (10 wheels or less)

\_\_\_\_\_ vacuum truck

2. Transfer of oil (check all that apply):

\_\_\_\_\_ into the State of Maryland

\_\_\_\_\_ out of the State of Maryland

3. Do you transport waste or used oil? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide EPA identification number: \_\_\_\_\_

4. Complete Pages 2-4 of this form and provide signature.

5. In addition to an Oil Operations Permit, an Oil Transfer License, issued by MDE, may be required for your company. The Oil Transfer License is separate from licenses and/or certificates issued by the Comptroller's Office, Motor Fuel Tax Division, in Annapolis. If your company owns the oil and transports it into Maryland, you must have an Oil Transfer License in accordance with Environment Article §4-411, Annotated Code of Maryland.

Are you the owner of the oil being transported or delivered into Maryland? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list your Oil Transfer License Number: \_\_\_\_\_

(If you do not have a license, contact (410) 537-3461 for further guidance)

If no, attach a list of the names, addresses and phone numbers for your customers who are the owners of the oil at the first point of transfer into Maryland.

**OIL OPERATIONS PERMIT APPLICATION**  
**FORM B**  
 (continued)

**Table 2 - Transportation Description\***

Enter details for each truck tank or transport owned by you and used for transferring oil in Maryland. **You must also complete all questions on pages 3-4 before this application can be processed by the Department.**

<b>Truck Number</b> (could be tank #, vehicle #, trailer #, etc.)	<b>Truck Type</b> Choices are: a. truck tank-10 wheels or less b. transport- greater than 10 wheels (i. e. tractor trailer) c. vacuum tank-all sizes	<b>Tank Size</b> (gallons)	<b>Type of **</b> Product Carried in Each Truck
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
Copy this page for listing additional vehicles			

\* Attach additional sheet if necessary or provide a copy of your transport/truck tank database

\*\* Be specific such as: #2 heating oil, gasoline, diesel, kerosene, asphalt  
 Use "various" if tank compartments are not dedicated to carry a single product

**OIL OPERATIONS PERMIT APPLICATION**  
**FORM B**  
(continued)  
**Transportation Requirements**

Is your company in compliance with the following requirements? Complete all sections

**Zoning (Maryland domiciled vehicles only)**

1. No \_\_\_\_\_ Yes \_\_\_\_\_ N/A \_\_\_\_\_ Property where vehicles are parked overnight (domiciled) is properly zoned for the parking of commercial truck tanks/transport? If the truck is parked on other than commercial/ industrial zoned property a certificate of use, special exception, home occupation permit, or other documentation from county or local government shall be provided with this application.

2. No \_\_\_\_\_ Yes \_\_\_\_\_ N/A \_\_\_\_\_ Location of Facility identified by you on the General Application Form is the address where all truck tanks/transport for your company are domiciled? If trucks are domiciled at multiple locations, list all Maryland addresses separately and provide truck tank/transport identifier for each location.

3. No \_\_\_\_\_ Yes \_\_\_\_\_ N/A \_\_\_\_\_ Do you hire independent owner/operator(s) to transport oil for your company? If yes, list addresses (if different from above) where owner/operator truck tanks/transport are domiciled and provide documentation that these commercial vehicles are in approved zoning locations.

4. No \_\_\_\_\_ Yes \_\_\_\_\_ N/A \_\_\_\_\_ Truck tanks/transport are parked in accordance with 49 CFR 397.7 (b)?

*Web address <http://www.access.gpo.gov/cgi-bin/cfrassemble.cgi?title=200449> to view the referenced Code of Federal Regulations (CFR) citations.*

**Insurance coverage**

1. No \_\_\_\_\_ Yes \_\_\_\_\_ N/A \_\_\_\_\_ Meet minimum limits of insurance coverage in accordance with the Code of Federal Regulations 49 CFR 387.1-.17, .301-.323 and .401? **Attach a copy of Form MCS90 or Form MCS82 with this application.**

2. If N/A, meet minimum limits of insurance coverage in accordance with Transportation Article, Title 17, Annotated Code of Maryland? No \_\_\_\_\_ Yes \_\_\_\_\_

**Preventative Maintenance**

No \_\_\_\_\_ Yes \_\_\_\_\_ All truck tanks/transport have Preventative Maintenance (PM) performed annually or every 25 thousand miles in accordance with 49 CFR 396.1-.25; Transportation Article §23-302, Annotated Code of Maryland; and COMAR 11.14.01,.04., and .05 ?

*Web address <http://www.dsd.state.md.us/comar/> go to Search Option 3, click Title 11, Subtitle 14 to view the referenced Code of Maryland Regulations (COMAR).*

**OIL OPERATIONS PERMIT APPLICATION**  
**FORM B**  
(continued)

**Tank Inspection and Testing**

No\_\_\_\_\_ Yes\_\_\_\_\_ N/A\_\_\_\_\_ (Required only for companies operating DOT specification truck tanks/transporters or vacuum trucks used for transporting flammable petroleum liquids) Tanks inspected and tested in accordance with 49 CFR 180.407 by the following methods and frequencies? a. visual/annual b. leakage/annual c. internal/5years d. pressure/5years

**Identification Number(s)**

1. No\_\_\_\_\_ Yes\_\_\_\_\_ N/A\_\_\_\_\_ U.S. DOT identification number(s) obtained for interstate truck tanks/transporters and vacuum trucks?

2. No\_\_\_\_\_ Yes\_\_\_\_\_ N/A\_\_\_\_\_ Maryland State Highway Administration (SHA) identification number(s) obtained for intrastate vehicles?

**Hazardous Material (HM) Registration and Training**

1. No\_\_\_\_\_ Yes\_\_\_\_\_ N/A\_\_\_\_\_ All placarded truck tanks/transporters registered in accordance with 49 CFR 107? (vehicles strictly hauling used oil are exempt)

2. No\_\_\_\_\_ Yes\_\_\_\_\_ N/A\_\_\_\_\_ Current with HM training requirements as specified in 49 CFR 172.700?

3. No\_\_\_\_\_ Yes\_\_\_\_\_ Current with annual driver safety training requirements as required by the Department and specified in COMAR 26.10.01.16D?

Application is hereby made to the State of Maryland, Department of the Environment, Land Management Administration for an Oil Operations Permit for the operations and activities described on the forms being submitted. I certify that I am familiar with the information contained in this application, and that this information is true, complete and accurate. I understand that the inclusion of any false or misleading information, or the exclusion of required information in this Application, may cause the Administration to issue an Administrative Complaint seeking civil penalties in accordance with Environment Article § 4-412 and § 4-417, Annotated Code of Maryland, and may include the suspension or revocation of any permit or license issued. I further understand that failure to notify the Administration of oil spills or leaks, regardless of size, is a violation of Sections 4-401 through 4-420 of the Environment Article, Annotated Code of Maryland, which may also subject me to an Administrative Complaint and civil penalties.

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Applicant/Agent: \_\_\_\_\_

Printed name of Authorized Applicant/Agent: \_\_\_\_\_

Title of Authorized Applicant/Agent: \_\_\_\_\_